

Candidate Registration Form Town Council

Election Date:	<u>Tuesday, April 30, 2019</u>		
Candidate's Name:			
Physical Address:			
Contact Number:			
Icertify that:			
lam 21 years of age. F		have notbeen co	nvicted of a felony. I am a bona
I hereby file my name a	s a candidate for the C	layton Town Cou	ncil in the election to be held on
By signing this form, I c			ed limits of the Town of Clayton
	ith Candidate Registra	tion Form . This m	from Kent County's website and must be submitted to qualify.
Print N	am e		
	ate's Signature		D a te
	(O ffic	e Use Only)	
Date Received:			
Residency Verified:	(in itial and date)		
Id en tific a tion Verified:			